

Facility Reservation Form for Friday Night Dinners

Name:			
Last	First		
Address			
City:	Zip code:		
Email address:			
Phone:	Date of Event:	FRIDAY,	
Number of Guests:		Circle one: <u>Cater</u>	ed <u>Drop off</u>
Food provided by:		Phone number	
Contact name of food provider_			
Time of dinner: circle one:	5:00 pm – 6:30 pm Before services	7:30 pm – 9:00 pm After services	
Congregant Signature			Date
Congregation Beth Shalom Representative Signature			Date

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